

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

DRUG AND ALCOHOL POLICY REVIEW QUESTIONNAIRE
Local Board Adoption -- Does the policy indicate that it was adopted by the local governing board of the employer or operator?
Subsequent Revisions and Modifications - Is there any indication that the policy has been revised, modified or updated since it was originally written, and if so, has the board acted to adopt the most current version of the policy?
Permissible Exemptions (Optional): Does the policy assert any of the permissible exemptions : (1) Exemption for maintenance contractors for Section 18 sub-recipients; (2) Exemption for Section 16 sub-recipients, unless they are providing contract services for other recipients; (3) Exemption for volunteer drivers, unless driving a vehicle designed to transport sixteen or more passengers, including the driver, or unless providing a charitable service expecting to receive a benefit; (4) Exemption for subsidized taxi operations, BUT ONLY if the passenger is free to choose any taxi. Taxi operations are NOT exempt if the transit system assigns passengers to a taxi operator.
REQUIRED POLICY STATEMENT CONTENTS -- Click 1 (YES) if the subject matter is addressed to any degree in the Policy Statement (or in a separate document describing the policy procedures). It does not matter whether the subject matter is covered lightly or in depth. Click 3 (NO) if the subject matter is not addressed at all in the Policy Statement. Make comments as necessary in the Auditor's Comments block.
Contact person: -- Does the policy identify the person designated by the employer to answer employee questions about the anti-drug and alcohol misuse prevention program?
Covered employees: -- Does the policy list, or describe, the categories of employees (covered employees) who are subject to the provisions of the anti-drug and alcohol misuse prevention program?
Prohibited behavior - drugs: -- Does the policy contain specific information concerning the employee conduct that is prohibited by the anti-drug portion of FTA's rule
Prohibited behavior - alcohol: -- Does the policy contain specific information concerning employee conduct that is prohibited by the alcohol misuse prevention portion of FTA's rule?
Periods of required compliance - alcohol: -- Does the policy provide specific information about the safety-sensitive functions performed by these employees to make clear what period of the work day the covered employee is required to be in compliance with the alcohol misuse prevention portion of the rule?
Circumstances under which an employee is tested -- (a) Does the policy (or a separate procedures document) provide a detailed description of the specific circumstances under which covered employees will be tested for prohibited drugs under the FTA rule
Circumstances under which an employee is tested -- (b) Does the policy (or a separate procedures document) provide a detailed description of the specific circumstances under which covered employees will be tested for alcohol under the FTA rule
Testing procedures and protections -- Does the policy, or a separate procedures document, include a detailed discussion of the following procedures?
Does the policy include a detailed discussion of procedures that will be used to test for the presence of prohibited drugs?
Does the policy include a detailed discussion of procedures that will be used to test for the presence of alcohol?
Does the policy include a detailed discussion of procedures that protect the employee and the integrity of the drug testing process?
Does the policy include a detailed discussion of procedures that protect the employee and the integrity of the breath testing process?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Does the policy include a detailed discussion of procedures that safeguard the validity of the test results?
Does the policy include a detailed discussion of procedures that ensure that the test results are attributed to the correct covered employee?
Requirement to submit - drug testing -- Does the policy include the requirement that a covered employee submit to drug tests administered in accordance with Part 653?
Requirement to submit - alcohol testing -- Does the policy include the requirement that a covered employee submit to alcohol tests administered in accordance with Part 654?
Refusal - drug tests -- Does the policy include a description of the kind of behavior that constitutes a refusal to take a drug test and a statement that such a refusal constitutes a verified positive drug test result
Refusal - alcohol tests -- Does the policy include an explanation of what constitutes a refusal to submit to an alcohol test and the attendant consequences?
Consequences of a failed drug test -- (1) Does the policy describe the consequences for a covered employee who has a verified positive drug test result or refuses to submit to a drug test under this part, including the mandatory requirements that the covered employee be removed immediately from his or her safety-sensitive function; and (2) does the policy state that the individual will be referred to a substance abuse professional?
Consequences of a failed alcohol test -- (1) Does the policy describe the consequences for covered employees found to have violated the alcohol misuse prevention prohibitions, including the requirement that the employee be removed immediately from safety-sensitive functions; and (2) does the policy state that the individual will be referred to a substance abuse professional?
Consequences of Breath Alcohol Concentration (BAC) in range of .02 to .039 -- Does the policy describe the consequences for covered employees found to have an alcohol concentration of 0.02 or greater but less than 0.04?
Life consequences of alcohol misuse -- Does the policy include information concerning: (1) the effects of alcohol misuse on an individual's health, work, and personal life; (2) signs and symptoms of an alcohol problem (the employee's or a coworker's); and, (3) available methods of intervening when an alcohol problem is suspected, including confrontation, referral to any available EAP, and/or referral to management.
Employer specific elements -- (1) If the employer implements elements of an anti-drug program and alcohol misuse prevention program that are in addition to those required by Parts 653 and 654, does the policy give covered employees specific information concerning which provisions are mandated by the FTA rules and which are not. (2) Are any such additional policies or consequences clearly and obviously described as being based on independent authority?
CONTENTS OF DETAILED PROCEDURES DOCUMENT -- The following detailed content information should be found either in the employer's policy statement, or in a detailed procedures document.
MEDICAL REVIEW OFFICER -- Does the detailed document describe the role of the Medical Review Officer in protecting the employee and the integrity of the drug testing process? The MRO description should include at least the following:
MEDICAL REVIEW OFFICER -- (1) Does the policy indicate that the services of a Medical Review Officer have been secured, or designate the company medical officer as MRO, and -- (2) Does the document identify this individual?
Credentials -- MRO - Is the MRO a licensed physician (doctor of medicine or osteopathy) with knowledge of drug abuse disorders?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Discuss results with employee -- MRO: (1) If the laboratory results are confirmed positive, does the MRO interview the employee and review all information provided by the employee to determine whether the results are indicative of illegal or illicit drug usage? (2) If the employee provides an adequate explanation, does the MRO verify the test as negative with the Substance Abuse Program Manager and take no further action?
Analyze split specimen -- MRO: (1) Upon request of the employee with a verified positive drug test, does the MRO require an analysis of the split sample by a different DHHS-certified laboratory to reconfirm the presence of the drug detected in the primary specimen? (2) The employee must make this request to the MRO within 72 hours from the time the employee has actual knowledge of the MRO's verification of the primary specimen.
Cancel test -- MRO: If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, or if the split specimen is not able to be analyzed, or if the results of the split sample are not adequate scientifically, does the MRO declare the original test to be canceled?
CONTRACTING WITH DHHS-CERTIFIED Laboratory(S) -- (1) Does the policy indicate that the employer has contracted for urine analysis services with one or more DHHS-certified laboratory(ies), and; -- (2) Does the document identify this (these) facility(s)?
Contracting With Substance Abuse Professional -- (1) Does the policy indicate that the services of a Substance Abuse Professional have been secured, or designate company rehabilitation professionals as SAPs, and; -- (2) Does the document identify this (these) individual(s)?
Credentials: (1) Is the SAP a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the NAADAC (National Association of Alcoholism and Drug Abuse Counselors Certification Commission or the ICRC)? (2) Does the SAP have knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders?
Supervisor Training: -- (1) Does the policy (or separate procedures document) indicate that the transit system conducts Supervisor Reasonable Suspicion training? (2) Does the policy (or separate procedures document) indicate there is a minimum requirement for 60 minutes of supervisor training on drugs and 60 minutes of supervisor training on alcohol?
Employee Training: -- Does the policy (or separate procedures document) indicate that the employer conducts, for all existing employees and for new employees, a minimum of 60 minutes of employee training on drugs?
PERIODS OF COVERAGE -- Does the policy or detailed procedures document state the following?
Drug Usage: Does the policy indicate that the use of the five prohibited drugs is always illegal (therefore, employees may be tested anytime while on duty)?
Alcohol Usage: Does the policy indicate that alcohol use is impermissible for 4 hours prior to performing a safety-sensitive duty and while performing a safety-sensitive duty?
Alcohol Testing: Does the policy indicate that alcohol testing is only permissible just before an employee performs safety-sensitive duties, during that performance, and just after an employee has performed covered duties?
SAFETY-SENSITIVE CATEGORIES -- Does the policy list, or describe, the categories of employees (covered employees) who are subject to the provisions of the anti-drug and alcohol misuse prevention program. Section 653.25(b) and Section 654.71(b)(2). This discussion should include:
(a) Operating a revenue service vehicle (in or out of service);

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

(b) Maintaining a revenue service vehicle or equipment used in revenue service.
(c) Controlling the dispatch or movement of a revenue service vehicle.
(d) Operating a non-revenue service vehicle that requires a CDL.
(e) Carrying a firearm for security purposes.
(f) Supervisors are safety-sensitive ONLY if they may perform a safety-sensitive duty.
Analyze Safety-Sensitive Job Functions: Does the policy (or separate procedures document) state that the employer has reviewed the actual duties performed by employees to determine who performed safety-sensitive functions, and determined which job functions may require the performance of safety-sensitive duties?
CIRCUMSTANCES OF TESTING -- Does either the policy, or a separate procedures document, provide a detailed discussion of the circumstances under which a safety-sensitive employee will be tested for the presence of prohibited drugs or alcohol, as required by Section 653.25(d) and Section 654.71(b)(5)? That detailed discussion should include the following minimum elements.
PRE-EMPLOYMENT -- Does the policy require drug testing but NOT Alcohol testing?.
Pre-Employment Testing: (1) The candidate must produce a negative DRUG test result prior to being hired (i.e. going on the payroll); (2) If the test is canceled, the employee must retake and pass the test before being hired; (3) An employee being transferred must provide a verified negative urinalysis prior to performing a safety-sensitive function?
RANDOM -- Requires testing for Drugs and Alcohol. Does policy, or a separate procedures document, include the following provisions?
Random selection method: Does the policy state that random selection must be by a "scientifically valid method, such as a random number table or a computer-based random number generator".
Current requirement: Does the policy state that the current testing goal is to annually complete tests equivalent to 50% of the number of covered employees (drug testing) and 10% of the number of covered employees (alcohol testing).
Reasonably spread: Does the policy state that random tests are to be spread reasonably throughout the year. Operationally, this means that: (1) Testing is continuous throughout the year. Testing starts in January and there is no period during which testing is halted. (2) Testing is conducted on all days and hours during which the transit service is in operation.
Unannounced and immediate: Does the policy state that random test dates are unannounced and immediate. (Employees are required to go for the test upon notification, and to have little opportunity to circumvent the test procedures.)
No discretion: Does the policy state that there is no discretion on the part of management or operations in the selection and notification of individuals for testing.
POST-ACCIDENT -- Requires testing for Drugs and Alcohol. Does the policy, or a separate procedures document, include the following provisions?
FTA Thresholds: Does the policy state that an accident must reach a prescribed level of severity, defined as: (1) A fatality; (2) Bodily injury requiring medical attention away from the scene of the accident; (3) If the mass-transit vehicle is a rubber-tire vehicle, <i>any of the involved vehicles</i> is towed away; or If the mass transit vehicle is a rail vehicle or vessel, the <i>mass transit vehicle</i> is removed from revenue service.
Who must be tested - FATALITY: -- Does the policy state that, in a fatality, the following individuals must be tested -- (1) All surviving covered employees operating the mass transit vehicle at the time of the accident, and -- (2) All other covered employees whose performance could have contributed to the accident?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Who must be tested - NON-FATALITY: -- Does the policy state that, in a non-fatal accident, the following individuals must be tested -- ((1) All covered employees operating the mass transit vehicle UNLESS their performance can be COMPLETELY DISCOUNTED as contributing factor based on the best information available at the time of the decision; and -- (2) All other covered employees whose performance could have contributed to the accident?
Time To Complete Post-Accident DRUG Test: -- Does the policy state that the employer must complete post-accident testing as soon as possible not longer than 32 hours following the accident?
Time To Complete Post-Accident ALCOHOL Test: -- Does the policy state that the employer must (1) Attempt to complete test within 2 hours of the accident; and, (2) If not able to obtain specimen within 2 hours, file report why not able and continue attempts to obtain specimen; and (3) If not able to obtain specimen in 8 hours, cease attempts to obtain specimen and update the 2-hour written report?
Requirement to remain "Readily Available" for testing: -- Does the policy state that accident testing is stayed while employee assists in resolution of the accident or receives medical attention following the accident?
Requirement to remain "Readily Available" for testing: Does the policy state that a covered employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying the employer or the employer representative of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed by the employer to have refused to submit to testing?
REASONABLE SUSPICION -- Requires testing for Drugs and/or Alcohol, depending on the behavior observed. Does the policy (or a separate procedures document) include the following provisions?
Threshold: Does the policy state that reasonable suspicion testing is required when (1) one trained supervisor can (2) articulate and substantiate physical, behavioral and performance indicators of probable drug use or alcohol misuse by (3) observing the appearance, behavior, speech or body odors of the covered employee.
RETURN-TO-DUTY AND FOLLOW-UP TESTS -- Requires testing for Drugs, Alcohol, or Both depending on what the SAP prescribes. Does the policy, or a separate procedures document, include the following provisions?
Second chance policy: Does the system offer an employee an opportunity for rehabilitation and reinstatement?
Role of SAP: If the employer's policy includes reinstatement, (1) does the policy state the Substance Abuse Professional (SAP) must evaluate an employee who fails or refuses a test; and (2) recommend a course of rehabilitation, and (3) determine whether the employee has successfully completed that program?
RTD test: Does the policy state the employee must provide a negative Return-to-Duty (RTD) Drug, or Alcohol, (or Both) test prior to being reinstated?
Follow-up schedule: Does the policy state the SAP determines a follow-up testing plan? Does the policy state the SAP's plan must include at least a minimum of six follow-up tests within the first 12 months back in safety-sensitive duties?
Length of testing: Does the policy state the employee is subject to follow-up testing for as long as 5 years, as prescribed by the SAP (labor agreements notwithstanding)?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

<p>PROCEDURES FOR TESTING -- Either in the policy or in a separate procedures document, there should be a detailed discussion of the following procedures. (Section 654.71(a)(1) and (a)(2)) -- Procedures that will be used to test for the presence of prohibited drugs; Section 653.25(e) and -- Procedures that will be used to test for the presence of alcohol; Section 654.71(b)(6)</p>
<p>Part 40 Regulation -- Does the detailed document require that all testing under the FTA requirements must be conducted in accordance with 49 CFR Part 40: Procedures For Transportation Workplace Drug And Alcohol Testing Programs?</p>
<p>DHHS Certified Laboratories -- Does the detailed document require that all laboratories testing for drugs under this rule must be currently certified for participation by DHHS?</p>
<p>Five Authorized Drugs: Does the detailed document state that FTA requirements provide authorization for testing only five drugs (Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine)?</p>
<p>Alcohol from any source: Does the detailed document state that federal requirements provide authorization for testing for alcohol and taking action on the findings, regardless of whether it was ingested as beverage alcohol or in a medicinal or other preparation?</p>
<p>Initial and confirmation test: Does the detailed document indicate that every initial apparently positive drug and alcohol test must be followed by a second, specific confirmation procedure (GC/MS and EBT)?</p>
<p>Cut-off limits: Does the detailed document explain that there are federally mandated cut-off limits for the minimum quantity of drug or alcohol that must be detected in the initial test and also in the confirming test?</p>
<p>Current limits: Does the detailed document cite the current and correct cutoff limits for the screening and confirmation test? [Expressed in nanograms per milliliter (ng/ml), the screen (designated "s") and the confirmation (designated "c") cut-off limits are: Marijuana (s50 c15); Cocaine (s300 c150); Opiates (s300 c300); PCP (s25 c 25); and Amphetamines (s 1000 c 500)].</p>
<p>PROCEDURES TO PROTECT THE INDIVIDUAL AND THE INTEGRITY OF THE TESTING PROCESS -- Does the detailed document describe: Procedures that protect the employee and the integrity of the drug testing process ; Section 653.25(e), and Procedures that protect the employee and the integrity of the breath testing process Section 654.71(b)(6)?</p>
<p>Urine collection procedures: Does the document provide at least a brief description of the urine specimen collection procedures, (including the requirement to use a split-specimen method)?</p>
<p>BAT procedures: Does the document describe the breath alcohol testing procedures, and the required Breath Alcohol Testing forms, all of which are described in 49 CFR Part 40?</p>
<p>Split sample rule: Does the policy or procedures document explain that an employee with a positive test verified by the MRO may require the MRO to have the split sample analyzed for the presence of the drug found in the primary sample by a second DHHS certified laboratory? Does the policy state the request to the MRO must be made by the employee within 72 hours of receiving actual notice that the verified positive drug test?</p>
<p>CORRECTNESS OF TEST RESULTS -- Does the detailed document discuss procedures that: -- Safeguard the validity of the test results; and, Section 653.25(e) and Section 654.71(b)(6), and Ensure that the test results are attributed to the correct covered employee Section 653.25(e) and Section 654.71(b)(6)?</p>
<p>Laboratory and MRO data: Does the policy or detailed document briefly discuss the issue of records and specimen storage by the laboratory, MRO and employer?</p>

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Methods of specimen identification: Does the policy or detailed document (1) cite the requirement for identifying the donor with a photo ID; (2) the requirement for an intact Chain of Custody; and (3), the requirement for signing (or initialing) the specimen and the bottle and container seals that have pre-printed unique specimen ID numbers? (This requirement is met if the policy states that the federal urine and breath forms must be used).
Rights to examine records: Does the policy or detailed document state that the employee has an unqualified right to review his/her drug and alcohol testing records, provide information to dispute the results, and have access to any pertinent records such as equipment calibration records and records of laboratory certifications?
REFUSALS DEFINED – Does the policy or detailed document define the following circumstances as constituting a test refusal:
Refused specimen: Does the policy state that verbal or written refusal to provide a required urine specimen or to sign the DOT-required testing forms constitutes a refusal?
Refused specimen: Does the policy state that verbal or written refusal to provide a required breath specimen or to sign the DOT-required testing forms constitutes a refusal?
Refusal conduct: Does the policy state that conduct that prevents the completion of a required drug test constitutes a refusal?
Refusal conduct: Does the policy state that conduct that prevents the completion of a required alcohol test constitutes a refusal?
Inability: Does the policy state that written conclusion by physician that an employee's inability to provide a urine specimen has no medical cause constitutes a refusal?
Inability: Does the policy state that written conclusion by physician that employee's inability to provide a breath specimen has no medical cause constitutes a refusal?
Failure to arrive: Does the policy state that failure to arrive at all, or in a timely manner, for a required test constitutes a refusal?
Failure to remain readily available: Does the policy state that failure to remain "readily available" for post-accident testing constitutes a refusal?
<p>PREEMPTION OF STATE AND LOCAL LAWS -- The FTA anti-drug rule preempts any State or local law, rule, regulation, or order to the extent that: -- (1) Compliance with both the State or local requirement and any requirement in this part is not possible; or -- (2) Compliance with the State or local requirement is an obstacle to the accomplishment and execution of any requirement in this part. Section 653.9 -- Do any provision found in the policy or separate procedures document have the effect of thwarting the FTA regulations?</p>
The following item, included in the policy of this transit system, prevents or poses an obstacle to the accomplishment and execution of the requirements of the FTA anti-drug and/or alcohol misuse prevention regulation.
The following item, included in the policy of this transit system, prevents or poses an obstacle to the accomplishment and execution of the requirements of the FTA anti-drug and/or alcohol misuse prevention regulation.
THIS CONCLUDES THE REVIEW OF THE ANTI-DRUG AND ALCOHOL MISUSE PREVENTION POLICY STATEMENT

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

DRUG AND ALCOHOL MANAGER QUESTIONNAIRE
TO START OFF, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT THE IDENTITY OF MANAGEMENT PERSONNEL WHO PARTICIPATE IN THE DRUG AND ALCOHOL PROGRAM AT THIS TRANSIT SYSTEM.
Who is the management official designated to receive test results from the MRO and BAT?
Who communicates drug & alcohol test results to employees?
Who is the management official with authority to recommend or take action on a failed test?
After you receive verbal notice of a positive drug or alcohol test from the MRO or BAT, what actions do you take to remove the employee from safety-sensitive duties?
NOW, I WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR POLICIES AND PROCEDURES.
When did all employees and employee organizations receive copies of the anti-drug and alcohol misuse prevention policy or written notice of its availability?
Does your system maintain a record that each employee has received a copy of the anti-drug policy?
Were the actual job duties at this transit system reviewed to decide who performed safety- sensitive functions?
Does your system have a company-wide testing program, including testing that goes beyond the requirements of the FTA regulations?
How is the employee notified of the FTA authority for each test conducted under FTA authority?
If an employee is covered by more than one DOT mode, how do you know the specific modal authority for each test.
Does the system assure that the Federal Drug Testing Custody and Control Form and the DOT Breath Testing Form are not used for testing of non-safety-sensitive employees?
Does the system randomly test non-safety-sensitive employees on its own authority?
Are the safety-sensitive and non-safety-sensitive employees selected for testing from separate random pools?
Does your system have forms it uses to record Post-Accident decisions?
Does your system have forms it uses to record Reasonable Suspicion referrals?
What arrangements have been made to conduct Reasonable Suspicion and Post-Accident drug and alcohol tests after normal business hours and weekends?
Have all supervisors making Reasonable Suspicion referrals received at least 60 minutes of Reasonable Suspicion training on the indications of prohibited drug use and 60 minutes of training on probable alcohol misuse?
How would you know which supervisors have received the required Reasonable Suspicion training?
How did you participate in developing or conducting Reasonable Suspicion training?
NOW, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT THE PRE-EMPLOYMENT DRUG TESTING PROCESS.
At what point in the hiring process do you require candidates for safety-sensitive positions to pass a pre-employment drug test?
At what point in the hiring process does the new employee receive a copy of the anti-drug and alcohol misuse policy or written notification of its availability?
NOW, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT THE RANDOM SELECTION PROCESS.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

How does this system maintain up to date lists of the covered employees subject to random testing?
How are the random selections drawn?
Do you conduct, oversee or help with the random drug and alcohol selections?
Are the random numbers or random lists recorded and saved?
How frequently are random selections drawn?
How frequently are random tests conducted?
Once they are printed, how is the security of the lists maintained?
How are the lists for the day transmitted to the supervisor?
Does this system conduct random testing on all work days and all shifts, including holidays?
How does this system collect urine and breath samples for random tests on evenings and weekends?
How far ahead are specimen collection days and times scheduled?
Are employees generally aware of days that are test days?
Who decides what days will be days for random testing at each work location?
Who notifies an employee to go for a test?
Who distributes selection lists to the notifier?
How far in advance does the notifier get the random list?
Who decides the actual time to notify an employee to go for a test?
How much notice is given to the employee to report for a random test?
Do you ever select substitutes for employees who cannot be random tested?
How are substitutes selected, if needed?
Who decides an employee may be legitimately excused from testing and what are valid reasons?
If an employee selected for random testing is not available on the test day, do you keep a record of why the individual was excused from the test?
Is the employee escorted to the collection site?
Does the collection site know who is coming for a test and when that individual should arrive?
Does the collection site notify your system if the covered employee fails to arrive for a drug test at the assigned time?
NOW, I WOULD LIKE TO ASK SOME QUESTIONS ABOUT POST-ACCIDENT TESTING.
Are you involved in any way in post-accident drug and alcohol testing?
Are you notified of accidents that might necessitate post-accident testing?
Who has the primary responsibility for assuring that post-accident testing is accomplished?
Do you ever conduct a post-accident drug or alcohol test under company authority instead of under FTA authority? If so, is the employee made aware that the test is under company authority?
Is there any way to tell from your accident records or from a post-accident decision form whether or not drug and alcohol tests were conducted after an accident?
Who would decide whether to drug and alcohol test if there were a fatality in the accident?
Who would decide whether to drug and alcohol test if someone was injured in the accident and required medical attention away from the scene of the accident?
Who would decide which employees to drug and alcohol test if a vehicle received disabling damage in the accident, or if a rail vehicle was removed from revenue service?
Who would determine whether or not a vehicle did sustain disabling damage in the accident?
What criteria would that person use to determine whether a bus has sustained disabling damage?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Are there any circumstances that would cause you to test others in addition to the driver?
If the driver was injured and unconscious, or dead, would you proceed with testing?
When would you commence drug and alcohol testing after an accident?
What would be the result if an employee fails to remain "readily available" for testing after an accident?
NOW, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT RETURN-TO-DUTY AND FOLLOW-UP TESTING
Does your system offer employees an opportunity at rehabilitation after testing positive for one of the five prohibited substances and/or alcohol?
Who would be the person responsible for ensuring that an employee who had a positive drug or alcohol test, or refused a test, was referred to the Substance Abuse Professional for an evaluation?
If an employee who failed or refused a test was eligible to be reinstated, who would be responsible for determining that the employee was ready to take a Return-to-Duty test?
Who decides an individual is ready to return to duty, and is there a written evaluation of the individual's readiness to return to duty?
Whose responsibility is it to determine the number of follow-up tests for an individual returning to duty?
Whose responsibility is it to determine when an employee must actually go for a follow-up test?
Do you collect and retain all of the information about an employee's rehabilitation and follow-up testing, and if so, is it maintained in the drug and alcohol records, or elsewhere?
What do you do after a year to determine if the employee continues to need follow-up testing?
NOW, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT YOUR DRUG AND ALCOHOL INFORMATION SYSTEM AND METHODOLOGY.
Do you maintain ALL records related to the drug and alcohol program in a secure location with controlled access?
Do you inspect and document the professional credentials of your MRO, SAP, laboratory, and collectors?
How does the MRO communicate verified test results to your transit system in a secure manner?
How does the BAT communicate positive test results to your transit system in a secure manner?
When a person has a positive drug or alcohol test, by what method and how soon after the test is verified (or completed) do you receive notice of the positive test result?
How do you know if a drug test result is not received from the MRO within a reasonable period after the test?
NOW, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT CONTRACTORS THAT PROVIDE SAFETY-SENSITIVE SERVICES FOR THIS TRANSIT SYSTEM.
Does your transit system utilize contractors who perform safety-sensitive duties?
Do you maintain and update a list of your covered contractors?
Does your agreement with your contractor(s) contain a requirement that they must be in compliance with the FTA drug and alcohol rules?
How do you monitor the drug and alcohol programs of your contractors?
Did you receive this year's Drug and Alcohol MIS reports from all of your contractors in a timely manner?
Are your covered contractors in compliance with the FTA drug and alcohol rule?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

What contractual remedies do you have in your contract if your contractor is not in compliance?
What would you do if you determined your contractor was not in compliance?
NOW, I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT THIS COMPANY'S DRUG AND ALCOHOL MIS REPORT.
How was the annual Drug and Alcohol MIS report prepared for this transit system, and did you lead or assist in the preparation?
Did you review the annual MIS report for content and completeness?
Did you show your MIS reports to top management before sending it to FTA?
Did your system achieve its random testing goals last year?
THAT WAS THE LAST QUESTION. THANK YOU FOR YOUR TIME AND INPUT.

98.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

REVIEW OF RECORDS QUESTIONNAIRE
SECURITY AND ACCESS TO THE RECORDS
Does the auditor observe that a set of drug and alcohol records in a secure location with controlled access has been established? (49 CFR Section 653.71)
What precautions does the auditor observe are taken for security and to control access?
Is there any evidence that records are not always kept in a secure method?
Who has access to the drug and alcohol records?
Are there any general findings about the maintenance of security and control of access to the drug and alcohol that need to be included in the audit report for this transit provider?
PRE-EMPLOYMENT TESTING
Regarding pre-employment testing, do the records indicate that a verified negative drug test is received before a safety-sensitive candidate is placed on the payroll?
Regarding pre-employment testing, do the records indicate a significant gap in the time between when the test was conducted and the actual hire date for the employee?
Are there any general findings about the pre-employment testing procedures that need to be included in the audit report for this transit provider?
POST-ACCIDENT RECORDS QUESTIONS
Do any records of post-accident alcohol testing indicate that the alcohol test was unable to be performed within 2 hours or 8 hours following the accident, and why?(Section 654.33 (2)(b))
Do any records of post-accident alcohol testing indicate that individuals were notified of the accident but failed to remain readily available for testing? (Section 654.33 (2)(c))
Do any records of post-accident drug testing indicate that the test was unable to be performed within 32 hours following the accident, and why? (Section 653.45(b))
Do any records of post-accident drug testing indicate that individuals were notified of the accident but failed to remain readily available for testing? (Section 653.45(b))
Do any records exist of post-accident drug and alcohol testing decision making? (Section 653.71(c)(1)(iv) and 654.51(c)(1)(vi))
How does the system maintain documentation that individuals were notified of the Authority of each post-accident test? (Section 653.33 and Section 654.13)
Do the Post-Accident test records indicate the time of the accident and do the drug/alcohol test records indicate the time of collection?
If the time of Post-Accident notification and the time of collection are recorded, how frequently are they recorded?
Are there any general findings about the post-accident testing procedures that need to be included in the audit report for this transit provider?
RECORDS OF REASONABLE SUSPICION TESTING
Are there records of any Reasonable Suspicion testing?
Are there any general findings about the Reasonable Suspicion testing procedures that need to be included in the audit report for this transit provider?
RECORDS OF RANDOM TESTING PROGRAM
Do the records indicate how the random selection draws are conducted? (Section 653.71(c)(1)(ii) and Section 654.51(c)(1)(ii))
Does the system maintain the original and marked up lists of individuals selected for random testing?
How does the system maintain documentation that individuals were notified of the Authority of each Random test? (Section 653.33 and Section 654.13)
Do the Random test records indicate the time the individual was notified of the test and do the drug/alcohol test records indicate the time of collection?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

If the time of notification and the time of collection are recorded, how frequently are they recorded?
Do the records indicate that employees are reporting immediately after notification of their selection for random testing?
Do the records indicate that random testing is spread reasonably throughout the day (i.e. not bunched at the beginning or end of shifts?)
Do the records indicate that random testing is conducted on all work days and work times, including holidays, weekends and night shifts (if applicable)?
Do the records indicate that random testing is spread reasonably throughout the test period (i.e. if draws are monthly, are tests spread reasonably throughout the month)?
Are reasons recorded for excusal from random testing?
Are employees excused from random testing who are at work but cannot be released for testing?
Does the auditor find any statistical documentation of the randomness of the random numbers drawn by your program? (Section 653.71(c)(1)(ii) and Section 654.51(c)(1)(ii))
Are there any general findings about the random testing procedures that need to be included in the audit report for this transit provider?
RETURN-TO-DUTY and FOLLOW-UP TESTING
Does the transit system return employees to safety-sensitive duties after a positive test or refusal?
Do the records indicate that a verified negative Return-to-Duty test is received by the system before the employee is returned to safety-sensitive duties?
Do the records indicate that the Substance Abuse Professional provides a written recommendation of the number of Follow-up tests to perform in the employee's first 12 months after returning to covered duties.
Do the records indicate that the transit system conducts Follow-up testing as prescribed by the SAP?
Do the records indicate that the transit system conducts at least six Follow-up Tests during the first 12 months after an employee returns to duty?
Are there any general findings about the Return-to-Duty and/or Follow-up testing practices, or the SAP's role in determining the Follow-up testing program?
LABORATORY STATISTICAL SUMMARIES
Does the laboratory provide the employer or consortium with a quarterly statistical summary of urinalysis testing within 14 calendar days after the end of the quarter covered by the summary? Section 40.29(g)(6)
In the case of a consortium, does the laboratory provide the report with employer-specific data?
Do the quarterly statistical reports provided by the laboratory exclude data from which it is reasonably likely that information about an individual's identity can be readily inferred?
BLIND PERFORMANCE TESTING
Do the records indicate the transit system (or its consortium) submits 3 blind performance urine specimens for analysis at its DHHS-certified laboratory per 100 actual urine specimens? Section 40.31(d)(2)
If the employer has more than 2000 covered employees, do the records indicate that 20% of the specimens are spiked with one of more of the five prohibited drugs? Section 40.31(d)(3)
Are the blind specimens submitted with fictitious names/social security numbers so that the lab does not know they are blind samples.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Do the numbers for Total Specimens Submitted for the system's most recent MIS report correlate with the total number of specimens processed by the lab(s) minus the blind specimens for the same year?
Does the system's annual MIS contain numbers for positive tests that approximately correlate with the number of specimens confirmed positive by the lab(s) minus the number of positive blinds submitted minus the approximate number of confirmed positives verified negative by the MRO?
CONTRACTOR COMPLIANCE RECORDS
Do the records contain a list of covered contractors?
Do the records indicate the transit system has requested/received copies of the drug & alcohol policy of its contractors?
Do the records indicate contractors are required to self-certify compliance?
Do the records indicate an effort by the transit system to monitor contractor compliance?
Do the records provide an indication that the transit system has corrected any policies or procedures of any contractors?
Do the records contain copies, or requests for copies, of the MIS reports of covered contractors, or requests for those copies if the MIS reports are not in evidence?
Is there evidence that the transit system bundled the contractor MIS reports and sent them to FTA by March 15 th with its own Drug and Alcohol MIS report?
Do the records indicate an effort by the transit system to monitor vendor (Urine Collection, BAT, LAB, MRO, SAP) compliance ?
Do the records provide an indication that the transit system has corrected any policies or procedures of any vendors (Urine Collection, BAT, MRO, LAB, SAP)?
Are there any general findings about the contractor or vendor compliance procedures that need to be included in the audit report for this transit provider?
LENGTH OF TIME AND TYPES OF RECORDS MAINTAINED
Does the transit system use the current DOT Drug Testing Custody and Control form (DTCCF) and the current DOT Breath Alcohol Form?(Section 40.23(a) and Section 40.59(a))
How long does the transit system maintain records of alcohol tests with results less than 0.02? (Section 654.51(c))
How long does the transit system maintain records of verified negative drug tests? (Section 653.71(c))
How long does the transit system maintain records of alcohol collection process? (Section 654.71(c)(1))
How long does the transit system maintain records of the drug testing collection process? (Section 653.71(b)(2))
How long does the transit system maintain records of employee drug education and training process ? (Section 653.(b)(2))
How long does the transit system maintain records verifying all covered employees receive the transit system policy or notice of policy? Section 653.25
How long does the transit system maintain records of supervisor reasonable suspicion drug and alcohol training? (Section 653.71(c)(4)(iii)) and Section 654.51(c)(6)(iii))
Do the transit system records of supervisor reasonable suspicion drug training document a minimum of 1 hour of drug training? (Section 653.71(c)(4)(iii))
Do the transit system records of supervisor reasonable suspicion alcohol training document a minimum of 1 hour of alcohol training? (Section 654.51(6)(iii))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Do the transit system records of supervisor reasonable suspicion drug and alcohol training include a certification, statement or other affirmation that training conducted under the FTA rule complies with the requirements for that training? (Section 653.71(c)(4)(iv) and Section 654.51(6)(iv))
How long does the transit system maintain records of verified positive drug tests ? (Section 653.71(b)(1))
How long does the transit system maintain records of refused drug tests? (Section 653.71(b)(1))
How long does the transit system maintain records of initial alcohol tests indicating a concentration of 0.02 or greater? (Section 654.51(b)(1))
How long does the transit system maintain records of confirming alcohol tests indicating a concentration of 0.02 or greater? (Section 654.51(b)(1))
How long does the transit system maintain records of SAP evaluations and referrals? (Section 653.71(b)(1) and (Section 654.51(b)(1))
How long does the transit system maintain records of employee compliance with SAP recommendations, including follow-up testing schedules? (Section 653.71(b)(1) and (Section 654.51(b)(1))
How long does the transit system maintain copies of MIS reports? (Section 653.71(b)(1) and (Section 654.51(b)(1))
How long does the transit system maintain records of reasonable suspicion and post-accident testing decisions? (Section 653.71(c)(1)(4) and (c)(4)(iii) and (Section 654.51(c)(1)(v) and (C0(1)(vi))
How long does the transit system maintain records of requests for release of drug and alcohol records, and compliance with those releases?
Are there any general findings about the records maintenance procedures that need to be included in the audit report for this transit provider?
DRUG/ALCOHOL DESIGNATED INDIVIDUAL RECORDS AND TEST RESULTS
Does the transit system clearly designate the person(s) qualified to receive verified results from the MRO and alcohol test results from the BAT?
Does the transit system communicate NEGATIVE drug test results to the employee, and if so, who does?
Who communicates POSITIVE drug test results to the employee?
RECORDS ABOUT QUESTIONS/ALLEGATIONS RAISED ABOUT THE RANDOM PROCESS OR DRUG/ALCOHOL PROGRAM IN GENERAL
Does the transit system have a defined process for responding to questions and/or allegations of impropriety? If so, what is the process?
Are there any records of employee/ supervisor/union questions about the random selection process?
Do the records indicate who has originated these questions?
Do the records indicate what the most serious types of questions are that have been asked?
If there have been investigations into these questions or allegations, do the records indicate what has been determined?
ARBITRATIONS AND OTHER INTERNAL ACTIONS
Do the records indicate there have been any arbitrations on regarding the testing policies or testing decisions of the transit system?
If there are records of arbitrations, do(did) any decisions require a change in the manner in which the transit system operates its drug and alcohol program?

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Are there any general findings about the maintenance of files concerning problems, arbitrations or litigation procedures that need to be included in the audit report for this transit provider?
--

THAT WAS THE LAST QUESTION. THANK YOU FOR YOUR TIME AND INPUT.
--

104.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

MEDICAL REVIEW OFFICER QUESTIONNAIRE
MRO QUALIFICATIONS
Please describe your credentials that qualify you as a MRO?
What is your professional relationship with this transit operation? That is, are you currently an employee of the transit provider, or a private physician retained to provide MRO services, or affiliated with a consortium, or affiliated with a drug-testing laboratory, or do you have some other relationship? (49 CFR part 40.33(b))
How does your affiliation with the laboratory preclude any relationship that might be construed as a possible conflict of interest?
Do you report drug test results to the consortium, or directly to the employer, or do you report drug test results to the consortium and employer in parallel?
NOW, I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT YOUR GENERAL RESPONSIBILITIES.
Do you ensure that drug tests conducted under the FTA regulation by this transit operation are analyzed by a laboratory on the current DHHS approved list?
Do you have any administrative responsibilities with respect to negative test results?
Do you report both positive and negative test results to the employer, or only positive test results?
When you report positive test results, do you report the drug (or drugs) found?
If an employer requests, do you provide the quantitation of the drugs verified positive?(49 CFR part 40.29(g)(3))
PLEASE DESCRIBE THE FUNCTIONS YOU PERFORM IN YOUR REVIEW OF A CONFIRMED POSITIVE TEST RESULT?
Do you review and interpret each confirmed positive test result in order to determine whether there is an alternative medical explanation for the confirmed positive test result? Sec. 40.33 (b)(3)
In the event of a laboratory positive test, do you first attempt to contact the individual directly to determine whether the individual wishes to discuss the confirmed test result, or do you first contact the employer and have the employer contact the individual?(49 CFR part 40.33(c)(1)and (2))
To whom do you report the verified positive test result?
What do you do if you cannot reach the person you want to speak with?
Do you always conduct the verification yourself? (49 CFR part 40.33(c)(1)and (2))
IF NO, Does a medically trained staff person under your supervision conduct the verification interview?
Do you yourself always personally review the employee's medical history and any relevant biomedical factors provided by the individual?
If not, do other medically trained members of your staff do that review?
What do you report to the employer if you conclude that there is a legitimate medical explanation for a confirmed positive test result that is consistent with legal drug use. (49 CFR part 40.33(f))
In your estimation, what is the rough percentage of laboratory confirmed positives you have verified as negative to the employer after your review of the employee and any information supplied by the employee?
MRO UNABLE TO CONTACT INDIVIDUAL
What do you do after you have made all reasonable efforts to contact the individual and have been unable to do so? (49 CFR part 40.33(c)(3))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Are there certain circumstances when you can verify a drug test as positive without talking with the individual?
If so, what are those circumstances?
Is one of those circumstances that the employee expressly declines the opportunity to discuss the test? §40.33 (c)(5)(i)
After the employer representative has documented a contact with the individual directing him/her to contact the MRO, but the employee does not contact you, how many days must you wait before you may verify a "no contact" positive? §40.33 (c)(5)(iii)
If neither the MRO nor the designated employer representative, after making all reasonable efforts, has been able to contact the employee, how many days must you wait before verifying a "no contact" positive? §40.33 (c)(5)(ii)
ANALYSIS OF THE SPLIT SPECIMEN
Is there anything you must tell every individual who has a confirmed positive test concerning their right to have the split sample analyzed? §40.33 (f)(1)
How many hours does the employee have to notify the MRO to have the split specimen analyzed, and when does that that period begin? §40.33 (f)(1)
Can you telephone the laboratory to direct an analysis of a split specimen, if requested to do so by the employee within 72 hours of the employee's having received actual notice of the verified positive drug test result? (49 CFR §40.25(f)(10))
Can the first laboratory analyze the split specimen? (49 CFR §40.25(f)(10))
If a test is verified positive, is the employee allowed to present to you information documenting that serious illness, injury, inability to contact MRO, lack of actual notice of the verified positive test result, or other circumstances unavoidably prevented the employee from contacting the MRO within 72 hours? (49 CFR part §40.33(c)(6))
In this case, if appropriate, do you reopen the verification, allowing the employee to present information concerning a legitimate explanation for the confirmed positive test result? (49 CFR part §40.33(c)(6))
What action would you take if the analysis of the split specimen test fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen? (49 CFR part §40.33(f))
What action would you take if the split specimen is untestable, of insufficient quantity, or missing? (49 CFR part §40.33(f))
OPIATES AND SHY BLADDER REVIEWS
What do you do if the laboratory confirms the presence of an opiate? (49 CFR part §40. 33(d))
Is there a clinical finding that must be made before a confirmed opiate test can be verified positive? (49 CFR part §40. 33(d))
In the case where an employee can not provide an adequate specimen (at least 45 milliliters), do you have any involvement in determining whether the individual's ability to provide a specimen is genuine or constitutes a refusal to test? (49 CFR part §40.25 (f)(10)(iv)(B)(1 and 2))
RELEASE TO THIRD PARTIES
What do the regulations require you to do concerning third-party disclosure of medical information provided to you by the individual as a part of the testing verification process? (49 CFR part §40.25 (h)(1))
MRO RECORDS
What is the average number of days within which the laboratory is required to transmit results to the MRO? (49 CFR part §40.29(g)(1))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

On your request, do the laboratories provide you with the quantitation of individual test results? (49 CFR part 40.29 (g)(3))
Do the laboratories provide initial test results to the to you using a printed medium, such as teleprinters, facsimile or computers, if they are secure, or do they provide initial test results to you verbally over the telephone? (49 CFR part 40.29 (g)(4))
For positive tests, is the report valid if the laboratory does not send you the original or copy 2 of the custody and control form with an original signature of the responsible individual? 49 CFR part 40.29 (g)(5))
THAT WAS THE LAST QUESTION. THANK YOU FOR YOUR TIME AND INPUT.

52.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

URINE COLLECTION QUESTIONNAIRE
STANDARD COLLECTION WITH NEGATIVE RESULT
When the employee entered the alcohol testing location, did the BAT require him or her to provide positive identification (e.g., through use of a photo ID card or identification by an employer representative)? §40.61(a)
On request by the employee, did the BAT provide positive identification to the employee? §40.61(a)
Did the BAT explain the testing procedure to the employee? §40.61(b)
Did the BAT use the breath alcohol testing form prescribed in Part 40? §40.59(a)
Did the BAT complete Step 1 on the Breath Alcohol Testing Form? §40.63(a)
Did the BAT then ask the employee to complete Step 2 on the form, signing the certification? §40.63(a)
Did the BAT open an individually-sealed mouthpiece in view of the employee and attach it to the EBT in accordance with the manufacturer's instructions? §40.63(b)
Did the BAT instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained? §40.63(c)
BRANCH POINT- TYPE OF EQUIPMENT USED FOR SCREENING TEST: Auditor: Please select correct description of the printing capabilities of the EBT used for screening tests.
EBT does NOT print test results -- #1, Does the BAT show the employee the result displayed on the EBT. §40.63(d)(1)
EBT does NOT print test results -- #2, Does the BAT show the employee the result displayed on the EBT, then record the displayed result, test number, testing device, serial number of the testing device, time and quantified result in Step 3 of the form. §40.63(d)(1)(i)
EBT does NOT print test results -- #3, Does the BAT record the test number, date of the test, name of the BAT, location, and quantified test result in the log book; and have the employee initial the log book entry. §40.63(d)(1)(ii)
EBT prints on PAPER STRIP -- #1, Does the BAT show the employee the result displayed on the EBT. §40.63(d)(3)
EBT prints on PAPER STRIP -- #2, Does the BAT then affix the test result printout to the breath alcohol test form in the designated space, using a method that will provide clear evidence of removal (e.g., tamper-evident tape). §40.63(d)(3)
EBT prints directly on DOT form -- Does the BAT show the employee the result displayed on the EBT. §40.63(d)(4)
If the result of the screening test is a breath alcohol concentration of less than 0.02, does the BAT date the form and sign the certification in Step 3 of the form? §40.63(e)(1)
Does the Bat then ask the employee to sign the certification and fill in the date in Step 4 of the form? §40.63(e)(1)
Did the BAT then distribute the three parts of the form as provided. Was Copy 1 (white) transmitted to the employer. Was Copy 2 (green) provided to the employee. Was Copy 3 (blue) retained by the BAT.
Were all necessary equipment, personnel, and materials for breath testing provided at the location where testing is conducted? An employer may use a mobile collection facility (e.g., a van equipped for alcohol testing) that meets the requirements of this section? 49 CFR §40.57(a)
Did the BAT conduct alcohol testing in a location that affords visual and aural privacy to the individual being tested, sufficient to prevent unauthorized persons from seeing or hearing test results? 49 CFR §40.57(a)
Did the BAT supervise only one employee's use of the EBT at a time? §40.57(e)

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Did the auditor observe that the BAT did not leave the alcohol testing location while the testing procedure for a given employee was in progress? (see §§ 40.61 through 40.65)
NOW I WOULD LIKE TO DISCUSS CONFIRMATION TESTS FOR ALCOHOL
What level of concentration of alcohol in the breath requires you to conduct a confirmation breath alcohol test?
Is there a required waiting period before you can do the confirmation breath alcohol test, and if so, how long is it?
Are there any instructions you are required to give the employee concerning things they should, or should not, do during this waiting period for an alcohol confirmation test?
Is there a time period by which you must complete the confirmation alcohol test?
Are there any other instructions you give about the reason for the waiting period, or what happens if the employee doesn't follow your instructions? §40.65(b)
Before you conduct a confirmation test, are you required to confirm that the EBT is working properly, and if so, how? §40.65(d)
If you conducted the initial test, and you are also conducting the confirmation test, do you use the same Breath Alcohol Testing Form, or start a new form?
If a second Breath Alcohol Test Technician is conducting the confirmation test, does the new BAT use the same Breath Alcohol Testing Form, or start a new form?
Which steps on the BAT form are filled out at this time, before the confirmation test is taken?
Is a new mouthpiece used for the confirmation test? §40.65(c)(2)
Before the confirmation test is administered, is it REQUIRED that you MUST have the employee read the sequential test number displayed by the EBT, or is that a RECOMMENDED step but not required?
After the confirmation test is completed, is it REQUIRED that you MUST show the employee the result displayed on the EBT, or is that a RECOMMENDED but not required step?
After the confirmation test results have been printed on the form or affixed to the back, what is the next step on the form that YOU must complete? §40.65(h)
After you have done that, is there anything left for the employee to do or sign
NOW, I WOULD LIKE TO DISCUSS EQUIPMENT AND MAINTENANCE CHECKS
For confirmation tests, are you required to use an EBT that is on the NHTSA Conforming Products List (CPL)? §40.3
Do you have a copy, here at this facility, of the quality assurance plan (QAP) developed for this EBT and approved by National Highway Traffic Safety Administration (NHTSA)? Could you produce it for my inspection? §40.55(a)
For my review, may I see your records of external calibration checks for this EBT, which should demonstrate compliance with the NHTSA-approved quality assurance plan for this EBT. §40.55(b)
NOW I WOULD LIKE TO DISCUSS QUALIFICATIONS OF THE BAT
May I see evidence that you have been trained to proficiency in the alcohol testing procedures of Part 40? §40.51(a)
May I see evidence that you have demonstrated competence in the operation of the specific EBT(s) you use? §40.51(a)(3)
If you are the person who performs external calibration checks on this EBT, may I see evidence that you have been trained to proficiency in conducting the check on this particular model of EBT, to include practical experience and demonstrated competence in preparing the breath alcohol simulator or alcohol standard, and in maintenance and calibration of the EBT? §40.51(a)(4)
NOW I WOULD LIKE TO DISCUSS COMMUNICATION OF POSITIVE TEST RESULTS

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Is there one designated employer representative (and an alternate) at the transit operation with whom you communicate alcohol testing results, or are there several persons?
How do you ensure immediate transmission to the employer of results that require the employer to prevent the employee from performing a safety-sensitive function? §40.65(i)(2)
If the initial transmission is by telephone, have you and the employer established a mechanism to verify your identity, before providing the information? §40.65(i)(3)
NOW I WOULD LIKE TO DISCUSS CIRCUMSTANCES THAT MAY, OR MAY NOT, BE A REFUSAL IN BREATH TESTING
Do you know whether or not the refusal by an employee to complete and sign the breath alcohol testing form AT Step 2 ONLY always constitutes a refused test. §40.67(a)
Do you know whether or not the refusal by an employee to complete and sign the breath alcohol testing form AT Step 4 always constitutes a refused test. §40.65(h)(2)
If a circumstance occurs that constitutes a mandatory refusal, what three activities must you then perform? §40.67(a)
If the employee attempts and fails to provide an adequate amount of breath, what actions do you take?. §40.69(c)
NOW I WOULD LIKE TO DISCUSS FATAL FLAWS IN BREATH TESTING
(1) If the next external calibration check of an EBT produces a result that differs by more than the tolerance stated in the QAP from the known value of the test standard, does that have any impact on any prior alcohol test that may have been positive? §40.79(a)(1)
(2) Is there any impact if the BAT does not observe the minimum 15-minute waiting period prior to the confirmation test? §40.79(a)(2)
(3) Is there any impact if the BAT does not perform an air blank of the EBT before a confirmation test, or an air blank does not result in a reading of 0.00 prior to the administration of the test? §40.79(a)(3)
(4) Is there any impact if the BAT does not sign the form as required for Initial Tests and Confirmation Tests? §40.79(a)(4)
(5) Is there any impact if the BAT has failed to note on the remarks section of the form that the employee has failed or refused to sign the form? §40.79(a)(5)
(6) Is there any impact if an EBT fails to print a confirmation test result? §40.79(a)(6)
(7) Is there any impact if the sequential test number or alcohol concentration displayed on the EBT is not the same as the sequential test number or alcohol concentration on the printed result? §40.79(a)(7)
8) Is there any impact if a test result printed by the EBT does not match the displayed result? §40.63(e)(3)
THAT WAS THE FINAL QUESTION. THANK YOU FOR YOUR TIME AND INPUT.

67.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

BREATH ALCOHOL COLLECTION QUESTIONNAIRE
ARE THE FOLLOWING NORMAL SPECIMEN COLLECTION PROCEDURES FOLLOWED?
Are instructions on collection procedures available to donors (and any employer representatives) setting forth their responsibilities?
Upon arrival of a donor at the collection site, does the collector positively identify the individual by photo-identification? (49 CFR part 40.25(f)(2) and (3))
If the donor does not have photo identification, does the collector request the employer's representative to identify the donor and not proceed with collection unless the person is positively identified? (49 CFR part 40.25(f)(2) and (3))
If the donor requests, does the collector show appropriate identification? (49 CFR part 40.25(f)(2) and (3))
Does the collector ask the individual to remove any unnecessary outer garments that could conceal items for use in adulterating a specimen and ensure that personal items such as purses and briefcases remain with outer garments? (49 CFR part 40.25(f)(4))
If requested, does the collector furnish a receipt for these articles and is the donor allowed to keep his/her wallet? (49 CFR part 40.25(f)(4))
Does the collector have only one donor under his/her supervision at one time until the collection process is completed (i.e., specimen has been collected, the urine bottle has been sealed and initialed, the custody and control form has been completed and the donor has departed)?
After identification, is the donor instructed to wash and dry his/her hands? (49 CFR part 40.25(f)(5))
Is there a source of water for hand washing, which, if practicable, should be external to the privacy enclosure?
Is the donor then provided with a single-use collection container or a specimen bottle capable of holding at least 60 milliliters of urine? (49 CFR part 40.25(f)(7))
Are collection containers (if used) and specimen bottles single-use? Are they sealed, and is the sealed wrapper removed by the donor or collector in the presence of the donor? (49 CFR part 40.23(b)(1))
Do the specimen bottles have a tamper-evident sealing system to preclude undetected opening, a means to affix a unique identifying number identical to that appearing on the custody and control form, and provision for initialing by the donor to affirm the identify of the specimen? (49 CFR part 40.23(b)(2))
Is the donor then required to remain in the presence of the collector (with no access to water, soap or other adulterating agents) until entering the privacy enclosure to provide the specimen? (49 CFR part 40.25(f)(6))
Does the donor then enter the privacy enclosure or stall to provide the specimen? (49 CFR part 40.25(f)(7))
Is there a privacy enclosure for urination?
Is there a toilet for completion of urination unless a single-use collection container is of sufficient size to contain the entire void?
Are there always blueing agents in toilet tanks to preclude diluting of the specimen? (49 CFR part 40.25(a)(2) and (f)(1))
UPON RECEIPT OF THE SPECIMEN, DOES THE COLLECTOR TAKE THE FOLLOWING INITIAL ACTIONS?
To the maximum extent possible, do collection site personnel keep the individual's specimen bottle within sight before and after the individual has urinated? ((49 CFR part 40.25 (d))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Does the collector then determine that the specimen quantity is at least 45 milliliters? (49 CFR part 40.25 (f)(10)(i))
Using a device that accurately measures the temperature and does not contaminate the specimen, does the collector determine within 4 minutes that the temperature is within the range of 32°-38°C/90°-100°F? 49 CFR part 40.25 (f)(12)
Does the collector inspect the specimen to determine its color and for any signs of contaminants, noting any unusual findings on the custody and control form? (49 CFR part 40.25 (f)(14))
Using the split specimen method of collection, which of the following procedures then followed?
After specimen collection and temperature reading, if a collection container is used, does the collector pour the specimen into two specimen bottles in the presence of the donor?
Does the first bottle contain 30 milliliters and is it used as the primary specimen?
Is at least 15 milliliters of the remaining specimen poured into the second container, to be used as the split specimen?
After specimen collection and temperature reading, if a single specimen bottle is used as a collection container, does the collector, in the presence of the donor, pour 15 milliliters of urine into a second specimen bottle, to be used as the split specimen? (49 CFR part 40.25(f)(10)(ii)(b))
Is at least 30 milliliters of the remaining specimen retained in the collection bottle to be used as the primary specimen? (49 CFR part 40.25(f)(10)(ii)(b))
IS THE CUSTODY AND CONTROL FORM COMPLETED AS INDICATED BELOW?
Is there a suitable clean surface for writing?
Does the employer utilize the standard seven-part, carbonless, standard drug testing custody and control form? (49 CFR part 40.23(a))
Does the collector securely place an identification label on the bottles which contains the date, the number and any other identifying information provided or required by the employer? If separate from the label, is the tamper-proof seal also applied? (49 CFR part 40.25 (f)(19))
Does the donor initial the identification label on the specimen bottles for the purpose of certifying that it is the specimen collected from him/her? (49 CFR part 40.25 (f)(20))
Does the collector enter on the custody and control form all information identifying the specimen and sign the form certifying that collection was accomplished in accordance with Federal regulations? (49 CFR part 40.25 (f)(21))
Is the donor asked to read and sign a statement on the custody and control form certifying that the specimen identified as having been collected from him/her is in fact the specimen he/she provided? (49 CFR part 40.25 (f)(22)(i))
Does the collector complete the chain of custody portion of the custody and control form to indicate receipt of the specimen from the donor and certify proper completion of the collection? (49 CFR part 40.25 (f)(23) and (24))
Are both bottles placed in a single shipping container, together with copies 1, 2, and the split specimen copy 3 of the custody and control form? (49 CFR part 40.23(a))
Do shipping containers provide for sealing and initialing to preclude undetected tampering? (49 CFR part 40.23(c))
On the tape sealing the container, does the collector sign and enter the date specimens were sealed in the shipping containers for shipment? (49 CFR part 40.25 (h))
Are copies 4 through 7 of the custody and control form sent to the MRO, donor, collector and employer, respectively? (49 CFR part 40.23(a))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Were the collector and donor both present and was the specimen in view of both the collector and donor during sealing, identification and labeling of the specimen containers? (49 CFR part 40.25 (f)(18))
Did ONLY the collection site person handle specimens prior to their securement in the mailing container? (49 CFR part 40.25 (d))
IS THE FOLLOWING INFORMATION (COMPLETED BY THE COLLECTOR) LEGIBLE ON ALL PARTS OF THE STANDARD SEVEN-PART DRUG TESTING CUSTODY AND CONTROL FORM?
On the custody and control form, is the donor's employee identification or social security number completed and legible? (49 CFR part 40.23 (a)(1)(ii))
On the custody and control form, is the employer's name, address and identification number (unless it is preprinted number) completed and legible? (49 CFR part 40.23 (a)(1)(iii))
On the custody and control form, is the MRO's name and address number completed and legible? (49 CFR part 40.23 (a)(1)(iv))
On the custody and control form, are the drugs for which testing is to be performed (unless the list is preprinted) completed and legible? (49 CFR part 40.23 (a)(1)(v))
On the custody and control form, is the reason for testing (pre-employment, random, etc.) completed and legible?
On the custody and control form, is the time elapsed between when the donor finished voiding the specimen and when the temperature reading was taken (must be less than 4 minutes) and whether the temperature was within the required range (32°-38°C/90°-100°F) completed and legible? (49 CFR part 40.23 (a)(1)(vii))
On the custody and control form, is the actual temperature of the specimen, if not within the required range, completed and legible? (49 CFR part 40.23 (a)(1)(vii))
On the custody and control form, is the chain of custody block for any transfer of the specimen at the collection site completed and legible? (49 CFR part 40.23 (a)(1)(viii))
On the custody and control form, is the collector's name, date of collection, collection site location, remarks concerning unusual collection circumstances and whether a split sample was taken completed and legible? (49 CFR part 40.23 (a)(1)(ix))
On the custody and control form, is the collector's signature with date following the certification statement completed and legible? (49 CFR part 40.23 (a)(1)(ix))
THIS COMPLETES THE REVIEW OF A NORMAL URINE COLLECTION. -- FILL OUT THE CHECKLIST TO THIS POINT. THEN, CONTINUE WITH THE COLLECTION SITE PERSON TO REVIEW THE FOLLOWING QUESTIONS.
NOW, I WOULD LIKE TO DISCUSS INSTRUCTIONS AND TRAINING YOU RECEIVED AT THIS COLLECTION SITE, AND ALSO BRIEFLY EXAMINE SOME TRAINING MATERIALS
During your training, were collection site persons provided detailed, clear instructions for specimen collection? (49 CFR part 40.23(d)(2)(ii))
Did the training clearly emphasize the collection site person is responsible for maintaining the integrity of the specimen collection and transfer process?
Did the training clearly emphasize the collection site person is responsible for carefully ensuring the modesty and privacy of the donor?
Did the training clearly emphasize the collection site person is responsible for avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate? (49 CFR part 40.23(d)(1))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Do non-medical persons receive training and demonstrate proficiency prior to assuming collection site responsibilities? (Licensed medical professionals, technologists or technicians do not require special training if written instructions are provided and they perform collections in accordance with those instructions?) (49 CFR part 40.23(d)(2)(i))
DOES THE SPECIMEN COLLECTION SITE HAVE THE FOLLOWING SECURITY FEATURES?
Is a dedicated facility maintained in a secure manner at all times?
Are only authorized personnel permitted in any area of the designated collection site where urine specimens are collected or stored? (49 CFR part 40.25(d))
Is the security of the collection materials within the collection site maintained at all times? (49 CFR part 40.25(b)(2))
If a non-dedicated facility (public restroom or hospital examining room) is used for collections, is that portion used for testing secured during drug testing by: 1)visually inspecting the privacy enclosure; 2) assuring that undetected access (e.g., through a rear door) is prevented; and 3), posting the facility against unauthorized access? (49 CFR part 40.25(b)(1) and (2))
ARE THE FOLLOWING PROCEDURES USED WHEN THERE ARE PROBLEMS DURING THE COLLECTION?
What are you required to do if the specimen temperature is outside the range of 32°-38°C/90°° -100°F? (49 CFR part 40.25 (f)(13))
If there is visual indication of contamination, is this recorded on the chain of custody and control form? (49 CFR part 40.25 (f)(13))
Are you required to record unusual behavior or appearance on the part of the donor on the chain of custody and control form? (49 CFR part 40.25 (f)(8))
How do you record that the employee refused to cooperate with the collection process and the employer's representative was contacted? (49 CFR part 40.25 (l))
Whenever there is reason to believe that a specimen has been altered or substituted, do you forward that specimen to the laboratory for testing and collect a second specimen as soon as possible, or do you discard that altered specimen and collect a second specimen as soon as possible? (49 CFR part 40.25 (f)(15) and (16))
ARE THE FOLLOWING OBSERVED SPECIMEN COLLECTION PROCEDURES IN PLACE AT THIS COLLECTION FACILITY?
Does this center always have available a trained person who can be a same-gender collector, and also access to a higher-level supervisor at the center or the transit operator, so that an observed collection can be conducted if needed? (49 CFR part 40.25 (e)(3))
If the employee has presented a specimen that falls outside the normal temperature range (32 °-38°C/90°-100°F) and either declines to provide measurement of oral body temperature or provides an oral body temperature that varies by more by 1°C/1.8°F from the temperature of the specimen, is a mandatory observed collection required by the regulations, or is it optional? (49 CFR part 40.25 (e)(2)(I)(A) and (B))
If the collection site person observes conduct clearly and unequivocally indicating an attempt to adulterate or substitute the sample, is a mandatory observed collection required by the regulations, or is it optional? (49 CFR part 40.25 (D)(2)(iii))
If the last urine specimen provided by the donor was determined by the laboratory to have a specific gravity of less than 1.003 and a creatinine concentration below 0.2 g/l, is a mandatory observed collection required by the regulations, or is it optional? (49 CFR part 40.25(e)(2)(ii))
If the center is conducting a return-to-duty testing under the FTA and DOT rule, is a mandatory observed collection required by the regulations, or is it optional? ? (49 CFR part 40.25 (e)(2)(iv))

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

ARE THE FOLLOWING SHY BLADDER PROCEDURES FOLLOWED?
If the donor is unable to provide a specimen of at least 45 milliliters, does the collector direct the person to drink up to 40 ounces of fluid, distributed reasonably through a period of up to three hours or until the individual has provided a new urine specimen, whichever occurs first?
Do you forward the original insufficient specimen to the laboratory -- or do you discard it -- or do you add it to other partial specimens till you have enough urine? (49 CFR part 40.25 (f)(10)(i))
If the employee refuses to drink fluids as directed, or if the employee refuses to provide a new urine specimen, does the collection site person terminate the collection and notify the employer that the employee has refused to submit to testing, or do you take some other action? (49 CFR part 40.25 (f)(10)(i))
If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, does the collection site person discontinue the collection, discard any insufficient specimen, and notify the employer, or take some other action? (49 CFR part 40.25 (f)(10)(iv(A)(3)))
If the employee is in the three-hour period during which you must attempt to collect a sufficient urine specimen, and it gets to closing time at the collection facility, do you say open until you collect the specimen or the three hours elapse; -- or do you ask the employee to come back the next day to complete the collection procedure?
THIS COMPLETES THE URINE COLLECTION QUESTIONNAIRE. THANK YOU FOR YOUR TIME AND ASSISTANCE.

87.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

SUBSTANCE ABUSE PROFESSIONAL QUESTIONNAIRE
DOES THE SUBSTANCE ABUSE PROFESSIONAL MEET THE FOLLOWING QUALIFICATIONS?
(a) Is the SAP a licensed physician (Medical Doctor or Doctor of Osteopathy); or a licensed or certified psychologist, social worker, or employee assistance professional; or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol & Other Drug Abuse)? 49 CFR §40.3
(b) Does the SAP have knowledge of, and clinical experience in, the diagnosis and treatment of alcohol and controlled substances-related disorders? 49 CFR §40.3
Does the employer ensure that a SAP, including a MRO if he/she is qualified as a SAP, who determines that a covered employee requires assistance in resolving problems associated with illegal use of drugs or alcohol misuse, does not refer the employee to the SAP's private practice or to a person or organization from which the SAP receives remuneration or in which the SAP has a financial interest? §654.75(e)
This paragraph does not prohibit a substance abuse professional from referring an employee for assistance provided through any of the following valid mechanisms--:(1) A public agency, such as a State, county, or municipality;(2) The employer or a person under contract to provide treatment for drugs or alcohol problems on behalf of the employer; (3) The sole source of therapeutically appropriate treatment under the employee's health insurance program; or(4) The sole source of therapeutically appropriate treatment reasonably accessible to the employee. §654.75(e)(1-4)
Prior to recommending that an employee be "returned" to the performance of a safety-sensitive function after the employee has received a verified positive drug test result, or alcohol test indicating a concentration in excess of 0.04, or refused to submit to a drug or alcohol test, does the SAP:
Does the SAP (a) Ensure that each employee has been evaluated to determine if the employee is in need of assistance in resolving problems associated with illegal use of drugs or the misuse of alcohol? 49 CFR §653.63(b) and §654.75(b)
Does the SAP (b) Ensure that the employee demonstrates compliance with any rehabilitation program recommended following the evaluation required? §653.49(a)(i) and §654.75(c)(2)(i)
Does the SAP (c) Ensure that the employee returning to the performance of a safety-sensitive function has received a return to duty verified negative drug test result and/or a alcohol test indicating a concentration less than 0.02? §653.49(a)(2) and §654.75(c)(1)
DOES THE SUBSTANCE ABUSE PROFESSIONAL DETERMINE THE FREQUENCY AND DURATION OF FOLLOW-UP TESTING FOR A COVERED EMPLOYEE, AS FOLLOWS:
(a) Is the employee required to take a minimum of six follow-up drug tests with verified negative results and/or alcohol tests indicating a concentration of less than 0.02 during the first 12 months after returning to duty? §653.63(d) and §654.75(c)(2)(ii)
(b) After that period of time, does the substance abuse professional recommend to the employer the frequency and duration of follow-up drug testing, provided that the follow-up testing period ends 60 months after the employee returns to duty? §653.63(d) and §654.75(c)(2)(ii)
(c) In addition, does follow-up testing ever include testing for drugs if the employee tested positive for alcohol, or alcohol if the employee tested positive for drugs, as directed by the substance abuse professional, to be performed in accordance with 49 CFR Part 40? §653.49(a)(3) and §654.75(c)(2)(ii)
THAT WAS THE LAST QUESTION. THANK YOU FOR YOUR TIME AND INPUT.

16.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

CONSORTIUM/THIRD PARTY ADMINISTRATOR QUESTIONNAIRE
FIRST, I WOULD LIKE TO ASK A FEW GENERAL QUESTIONS ABOUT THE RANDOM SELECTION PROCESS YOU PROVIDE FOR YOUR CLIENT COMPANIES.
Does this consortium conduct the random selection program for your client companies, or any of your client companies, or for none if your client companies?
Do you know, on a person-by-person basis, whether the employees in this consortium perform safety-sensitive duties, or do not perform safety-sensitive duties.
Do any of the transit systems in this consortium test any of their NON-safety-sensitive employees AT RANDOM?
If yes, is it made clear to non-safety-sensitive employees that they are being randomly tested under company authority rather than under FTA authority?
If yes, do you maintain separate random pools for covered and non-covered employees?
Are there any random pools that contain employees covered by more than one rule?
NOW, I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE PROCESS OF RANDOM SELECTION AND NOTIFICATION.
How does your firm maintain up-to-date lists of covered employees subject to random testing?
What is the method this consortium uses to make its random selections ?
Do you personally conduct, oversee or help with the random drug and alcohol selections?
Are the random numbers and/or random lists recorded and saved, and if so, for how long?
Has a statistician or auditor ever checked the random numbers?
How frequently are random selections drawn?
In addition to selecting individuals for random testing, does this consortium also pick the date that each random test should be completed on?
If you select days and times for testing, do you put any limitations on the dates and times that may be assigned for testing the employees?
Does every transit system and contractor in your consortium conduct random testing on all days and all shifts they are open?
How do these systems collect urine and breath samples on evenings and weekends, after the designated collection centers are closed?
Does your program select alternates or substitutes for employees who cannot be random tested?
In your experience, how much advance notice is given to the "average" employee to report for a random test?
If there is no general rule applicable to your clients, do you believe some clients give their employees more than the minimum necessary advanced warning?
Does the collection site know who is coming for a test and when that individual should arrive?
If an employee selected for random testing is successfully tested, does your consortium receive information about the test result.
If so, do you get that information from the laboratory directly, or from the MRO.
If an employee selected for random testing is not available on the test day, does your consortium receive information about why the individual was unavailable from the test?
If an employee selected for random testing is not available on the test day, does the employer excuse the individual or attempt to reschedule the collection?
Do you follow-up, either with the companies or with the MRO, if the test result is not received from laboratory or if it is not verified by the MRO in a reasonable period?
How do you assure that members of your consortium achieve the 50% and 25% random testing requirement over the course of a year?
NOW, I WOULD LIKE TO DISCUSS OTHER SERVICES OF THE CONSORTIUM.

FTA SUBSTANCE ABUSE MANAGEMENT OVERSIGHT PROGRAM QUESTIONNAIRES

Does the Drug Testing Custody and Control Form, and the Breath Alcohol Testing Form, have a code number or name of the employer on it, or does it have the name of the consortium but not the name of the employer?
Does the laboratory, or does your the consortium, or both, provide each employer with the monthly statistical report of test results attributable to that employer?
Do you assist your members in any way to prepare their annual MIS reports?
Do you conduct the blind specimen program for your clients?
If so, what basis do you use to determine the number of specimens to submit, and whether some must be spiked with known positive substances?
Do you monitor the quality of collection services provided by the designated urine collection sites and breath alcohol collection sites?
Roughly what would you say is the percentage of all drug tests in this consortium that are canceled because of collector error?
Does your consortium have contracts with more than one DHHS-certified drug testing laboratory, so that an employee may readily have a split-specimen tested.
Do your members receive SAP services through this consortium?
Concerning record keeping, do you keep the original of an employee's test, or a copy, or no copy at all?
How long does your consortium keep records associated with positive tests?
Does this consortium also provide employee and/or supervisor training for your clients?
THAT WAS THE LAST QUESTION – THANK YOU FOR YOUR TIME AND INPUT